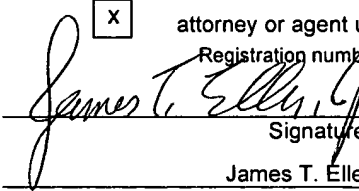




|   |            |   |            |
|---|------------|---|------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | <b>Docket Number (Optional)</b><br>0465-0647P |            |
| <b>Application Number</b> 09/475,135-Conf. #005994  |            | <b>Filed</b> December 30, 1999                |            |
| <b>For</b> METHOD FOR DISPLAYING MENU OF TV   |            |   |            |
| <b>Art Unit</b> 2614  |            | <b>Examiner</b> B. P. Yenke                   |            |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |   |            |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                       |            |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60  | \$         |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225   | \$         |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020     | \$510   | \$ 900.00* |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795   | \$         |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080  | \$         |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |   |            |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.   |            |   |            |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |            |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |   |            |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet.                     |            |   |            |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |            |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |            |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |            |   |            |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>39,538</u>   |            |   |            |
| <br>_____<br>Signature   |            | <u>December 21, 2005</u><br>Date              |            |
| <u>James T. Eller, Jr.</u><br>Typed or printed name   |            | <u>(703) 205-8000</u><br>Telephone Number     |            |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |   |            |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |   |            |

\*First month extension fee of \$120.00 was previously paid on October 24, 2005.

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